

United States Bankruptcy Court

DISTRICT OF IDAHO

PROOF OF CLAIM

In re (Name of Debtor)
VLADIMIR PANIOUCHKINE

Case Number
99-41879

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor: Fingerhut Corporation
(The person or other entity to whom the debtor owes money or property)

Name and Address Where Notices Should be Sent

Axsys National Bank (formerly Fingerhut National Bank)
11 McLeland Street
St. Cloud, Minnesota 56395

Telephone No.: 320-654-7456

- ☐ Check box if you are aware that any- one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR
COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

805-010-193-2314-584

Check here if this claim ☐ replaces a previously filed claim, dated: _____
☐ amends

1. BASIS FOR CLAIM

- ☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (Describe briefly)

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)
Your social security number _____
Unpaid compensation for service performed
from _____ (date) to _____ (date)

2. DATE DEBT WAS INCURRED
See attached

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

- ☐ SECURED CLAIM \$ _____
Attach evidence of perfection of security interest
Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

- ☒ UNSECURED NONPRIORITY CLAIM \$ 168.29
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

- ☐ UNSECURED PRIORITY CLAIM \$ _____
Specify the priority of the claim.

- ☐ Wages, salaries, or commissions (up to \$4000), * earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier--11 U.S.C. § 507 (a)(3)
- ☐ Contribution to an employee benefit plan--11 U.S.C. § 507 (a)(4)
- ☐ Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use--11 U.S.C. § 507 (a)(6)
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child--11 U.S.C. § 507 (a)(7)
- ☐ Taxes or penalties of governmental units--11 U.S.C. § 507 (a)(8)
- ☐ Other--Specify applicable paragraph of 11 U.S.C. § 507 (a) _____
*Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF
CLAIM AT THE TIME
CASE FILED:

\$ 168.29
(Unsecured)

\$ _____
(Secured)

\$ _____
(Priority)

\$ 168.29
(Total)

- ☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDIT AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim, claimant has deducted all amounts that claimant owes debtor.

7. SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed enveloped and copy of this proof of claim.

Date
2/3/00

Sign and print the name and title, if any, of the creditor or other person
authorized to file this claim (attach copy of power of attorney, if any)

Cindy Ward

Cindy Ward, Company Representative

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a308 -- VEHRY, KATHY

on s1348

Customer Contact v4.6.2 - Customer Service
CUSTOMER CONTACT SYSTEM: Customer Service

Wed Oct 27 0:10:31 US/Central 1999

Go to | Account # 193 - 2314 - 584

Phone Home: Residence; (208) 734-6076; No preference; Active; Customer;

Customer Name

V

T

PANIOUCHKINE

Address 255 BONNIE DR

City TWIN FALLS

ID 83301 - 7608



Revolving Charge ORG 805 LOGO 010 TRSF 5502
Bad Debt
Time as Customer: 4 Months 9/1999

Authorized Buyer

Search > Cust List > Apply Go to > Vision > Vision2 >

Customer Options >

Show History >

Queue >

Customer Balance

Statement Payments

Amount Stmt Date

Combine In Process N

Last Statement Date 01/13/00

1 0.00 CURRENT

Next Action 78 SET TO PURGE

Last Statement Balance 168.29

2 0.00 01/13/00

Next Action Date 09/26/00

Recent Debits 0 0.00

3 0.00 12/13/99

Block Code 1/Date BANKRUPTCY

Recent Credits 0 0.00

4 0.00 11/12/99

Block Code 2/Date

Current Balance 168.29

5 0.00 10/13/99

Cycle Day 13

Minimum Amount Due 29.76

Pay By Date 02/07/00

F076

Includes Past Due 21.35

Account Activity >

Credits >

Qvr/Rep/Tsfr >

PDF >

Notes >

Misc >

Actions >

ORDER LOOKUP

Order Date 08/26/1999 Product Description HAMMOCK FREE STANDING

Style/Size 000000

Cash Price 49.99

Order Status CANCELLED

Coupon Book Free Label Order Number Gift

From CCS

CKMR ALUM 9P COOK N EA 000000

109.99

SHPD PAID PROMOTABLE

01 9923894753/01 Y

M

Lost Shipment >

Shipment >

\$ Entries >

Notes >

Misc >

Actions >

Product Lookup

Product Name

Service

one Order

at Customer

ont

Maintenance

Options